

**LOREN P. DELP**  
Prosecuting Attorney

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Hendricks County Prosecutor  
6 South Jefferson St.  
Danville, IN 46122

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**LINDSEY R. WALKER**  
Chief Deputy

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Telephone: (317) 745-9283  
Fax: (317) 745-9290  
prosecutoreservice@co.hendricks.in.us

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## **HENDRICKS COUNTY CITIZEN PROSECUTOR** **ACADEMY APPLICATION**

**DATE OF APPLICATION:**

**The Hendricks County Prosecutor's Office is a law enforcement agency. All applicants must submit to a background and criminal history check.**

**APPLICANTS FULL NAME:**

**STREET ADDRESS:**

**CITY, STATE, ZIP CODE:**

**HOME PHONE:**

**MOBILE PHONE:**

**EMAIL ADDRESS:**

**GENDER:**

**DATE OF BIRTH:**

**DRIVERS LICENSE NUMBER:**

**OCCUPATION:**

**EMPLOYER:**

**EMPLOYER'S ADDRESS:**

**EMPLOYER'S PHONE NUMBER:**

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1. EDUCATIONAL BACKGROUND: Please list your educational background including the highest level of education you completed.
2. CIVIC ACTIVITIES: Please include any present or past memberships on town or county committees, commissions, boards, or participation in the activities of community groups or organizations.
3. REFERRAL: How did you hear about the program?
4. INTEREST: Please describe what you would like to learn from the program.
5. Have you had any contact with the Hendricks County Prosecutor's Office as a witness, victim, or defendant? ☐ YES ☐ NO If you answered "YES", please explain.
6. Do you have any past or pending arrests, convictions or court cases? (Include all misdemeanors and felonies. You do not have to include infractions, i.e. traffic tickets.)
7. Has anyone in your immediate family been charged with, is currently charged with, or has been convicted of a crime? ☐ YES ☐ NO  
If you answered "YES", please list the date, agency, charge and disposition of their case.
8. Are you currently serving on a jury?  
☐ YES ☐ NO  
Have you received a jury summons for a future date?  
☐ YES ☐ NO

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## **BACKGROUND AUTHORIZATION**

I understand that a criminal background and warrant check will be conducted by the Hendricks County Prosecutor's Office as part of the application process. I hereby authorize any law enforcement agency to release to the Hendricks County Prosecutor's Office any and all information the agencies may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies. I hereby release, discharge, and agree to hold harmless the agencies, their agents, and any person furnishing information from any and all liability arising out of furnishing and inspection of such documents and information.

Signature:  
(Example Digital Signature: '/s/ John Doe')

Please print your full name:

Date:

## **RELEASE OF LIABILITY**

I recognize that the activity or event for which I am registering involves a risk of injury. I also understand that graphic details of cases and graphic photographs may be displayed for educational purposes with the participants. I waive and release any and all rights and claims for injury or damages resulting from this activity or event, transportation to and from this activity or event, or any safety equipment given to participants by members of this activity or event. I agree to hold harmless the Hendricks County Prosecutor's Office, and any prosecutors, investigators, volunteers, or event members for any and all injuries suffered by me while participating in this event. I also agree to hold harmless all of the above for any damage to my personal property in this activity or event.

Please acknowledge that you have read and understand this release of liability and agree to its content by signing below:

Signature:  
(Example Digital Signature: '/s/ John Doe')

Please print your full name:

Date:

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## PHOTO RELEASE INFORMATION

I hereby give the Hendricks County Prosecutor's Office the unqualified right to take pictures of me, and to put the finished pictures on the Hendricks County Prosecutor's Office social media sites or print them in brochures or other advertising or training materials. I further authorize any media outlet who may cover the activity/event, to film or take pictures of me and publish through their respective media outlets. I understand that these pictures will be accessible to anyone with Internet access and may be used in instructional settings, however, no names of subjects will be published.

Signature:  
(Example Digital Signature: '/s/ John Doe')

Please print your full name:

Date:

The Hendricks County Prosecutor's Citizen Academy series is an educational outreach program designed to provide residents a greater understanding of the inner-workings of its prosecutor's office and the role that the departments within the office play within the criminal justice system.

Participant will meet from 6:00 PM to 8:30 PM on Wednesday evenings:

February 11th, 18th, 25th, March 4th, 11th, and 18th at the Hendricks County Prosecutor's Office located at 6 S. Jefferson St., Danville, Indiana 46122.

There are a limited amount of program spaces. Applicants must live in Hendricks County and be at least 18 years of age.

This application file can be completed and emailed to [citizenacademy@co.hendricks.in.us](mailto:citizenacademy@co.hendricks.in.us).

Please complete this application and return the completed application by: January 23rd, 2026.